

303 N. Church Street
Murfreesboro, TN 37130

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" WITNESS STATEMENT

Phone (615) 898-7715
Fax (615) 867-4602

Information: This form must be completed by those individuals that witness an on-the-job injury to any Rutherford County employee.

As is allowed by T.C.A. 50-6-106, Rutherford County (RC) has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Insurance Department.

Name of injured employee

Date of Injury:

Name of witness

Phone number of witness

What Job were you doing when the injury occur?

Did you actually witness the accident or injury? ☐ Yes ☐ No If "no" how do you know what happened?

What safety equipment was the injured employee wearing?

Was the injured employee required to wear safety equipment?

☐ Yes ☐ No If so what type?

Were any safety or work rules being violated at the time of the injury?

☐ Yes ☐ No If so what were they?

Was the injured employee performing their job as instructed?

☐ Yes ☐ No If not what changes were made and why?

What body part did the employee injury? (head, back, neck, etc)

Describe the injury. (strain, bruise, cut, etc)

What did the injured employee say at the time of the accident or injury?

Did the employee complain of pain? If so where?

In your own words, explain what the employee was doing and how the accident occurred:

In your opinion, could this accident have been prevented? ☐ Yes ☐ No Explain

Witness Signature: _____

Date: _____

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